

03/16/2017 THU 12:50 FAX 8655942168 Dept of Health

0076/078

PRINTED: 03/01/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/28/2017
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620			
(X4) ID PREFIX TAG N 835	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG N 835	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>1200-B 6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to obtain approval for the delayed egress hardware and wander guard system installed at all resident accessible exits from the building. No alterations shall be made without prior approval from the department of health.</p> <p>This deficiency affected 8 of 8 smoke compartments.</p> <p>The findings include:</p> <p>Observation with the maintenance director, on 2/28/17 between 9:00 AM and 2:00 PM revealed delayed egress hardware and a wander guard</p>		<p>N835 Building Standards</p> <ol style="list-style-type: none"> 1. Application for wander guard system was obtained from the state. 2. Application and fee has been submitted to the state 3. Completion date March 6, 2017 	3-6-17	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/16/2017 THU 12:54 FAX 8655942163 Dept of Health

2077/073

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FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8208	(X2) MULTIPLE CONSTRUCTION A. BUILDING, 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/28/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAMBRIDGE HOUSE, THE

250 BELLEBROOK RD
BRISTOL, TN 37620

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 835	Continued From page 1 system installed at all resident accessible emergency exits from the building. Interview with the administrator and maintenance director, on 2/28/17 at 3:30 PM revealed no documentation could be provided for approval of the delayed egress hardware and the wander guard system installation. The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/28/17.	N 835		
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year. (i) Staff duties by department and job assignment; and, (ii) Search team, searching the premises.	N1411	N1411 Disaster Preparedness 1. Bomb threat drill was held on March 24, 2017 2. Bomb threat drills have been added to disaster drill log book to ensure a drill is held at a minimum annually. 3. Completion date March 24, 2017.	3-24-17

Division of Health Care Facilities
STATE FORM

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If continuation sheet 2 of 3

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING:		(X3) DATE SURVEY COMPLETED 02/28/2017
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1411	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise a bomb threat drill annually. This deficiency affected 0 of 0 smoke compartments. The findings include: Record review and interview with the maintenance director, on 2/28/17 at 10:30 AM revealed the facility failed to perform a bomb threat drill in the past year. The last bomb threat drill was exercised during March 2015. The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/28/17.	N1411			